FI 6 08/2002 Division of Finance



Name:			
Employee Number:			
Agency Code:	Low Org:	Distribution Code:	
Effective Date:			
Company:	(	MM/DD/YYYY)	

## RETROACTIVE PAY FOR PAY RATE INCREASE WORKSHEET

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ection i	C	alculation of Pa	ay Due Employe	ee					
Pay Period End Date (MM/DD/YYYYY) Hours Paid Including OT		Incorrect Pay Rate	Correct Pay Rate	Pay Rate Increase	Additional Regular Pay				
Total Additional Pay at Straight Time									
Pay Period End Date (MM/DD/YYYY)	1/ 2 of OT Hours Paid	Incorrect OT Rate	Correct OT Rate	OT Rate Increase	Additional OT Pay				
,									
Total Additional Pay at Half Time									
Total Retroactive Pay (DOE 53)									
I have reviewed the	e above calculation a	nd agree that the an	nount of retroactive	pay is correct and s	hould be paid.				
Signature:		Date							
	Emp	oloyee							
Signature:	ignature: Date								
	Mar	nager							

Section 2 Data Entry			Complete the data entry information below and enter into the Payroll Time & Attendance System.							
DOE	AMOUNT	WEEKS WORKED	FUND	AGY	LOW ORG	APPR UNIT	ACTV	RPTG CATG	PROJECT/ JOB	FUNC